V. S. No. 1

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Every item of information should be carefully supplied. ACE should be stated EXACTLY,	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified	statement of OCCUPATION is very important. See instructions on back of certificate.
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1./	CERTIFICATE OF DEATH
County Resul	© CERTIFICATE OF DEATH
016	Registration Dist. No.
Village or City Golf (No. 2FULL NAME Galeson	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 9 , 1994
6 DATE OF BIRTH Chi Gnoth (Day) (Yes	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to affect 1, 1929, that I last saw hair alter on Still from 19294,
yrs. 4 mos. ds. or m	hrs. The CAUSE OF DEATH , was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER PARTY PARTY OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. 192 (Address) Selection or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) R. Balism	Where was disease contracted, if not at place of death? Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemund, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material For many occupations a single word or term on 18181. Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day -For persons who have no occupation (b) Grocery,

Strtement of Cause of Death—Name, first, the DISEAL COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report *Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
QUREAU VI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

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19. UNDERTAKER

20, FILEO.

(Address)

state

of OCCUPAshould

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	03920
1. PLACE OF DEATH		95:0	
County tens		Registration Dist. No.	
Village or City Morton	RF-LD, (III	NoSt., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence In city or town where death	occurredyrs,mos	ds. How long in U.S. if of foreign birth?	osds.
2. FULL NAME Levign	elliver Ch	iism	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Ada C	hism	22. 1 HEREBY CERTIFY, That I attended March 1937 to Abr. 15	deceasad from
6. DATE OF BIRTH (month, day, end year)	Jugar, 1871	I last saw h alive on Story 11 0 ,1934	; death is said
7. AGE Years Months	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the data stated above, at	
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Burdio-read duesco	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at	ulroading		
10. Date dacaased last worked at this occupation (month and yaar)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) A Siches (State or country)	word Va	Other Contributory Causes of importance:	
	arym		
13. NAME Richard C 14. BIRTHPLACE (city or town) Rich (Stata or country)	mond,	Name of operation Deta of	autonou?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	last -	23. Il death was due to axternal causes (VIOLENCE) fill in also the following	
0 16. BIRTHPLACE (city or town) Recht	mond.	Accidant, suicida, or homicide? Dete of injury	, 19
17. INFORMANT Ada Chiz	ma	Whare did injury occur? (Specify city or town, county and Stall Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address) Worton h	rd Fountain		
18. BURIAL, CREMATION, OR REMOVAL Place Tournlain Middle	ata apr 18, 19 34	Menner of Injury	
000000			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA.

certificate.

TION is very important. See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	97
County Turn	Registration Dist. No. 202
Village or City Kasslu-Bown	No. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMED & JANUARY	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED swrite the word)	Cipiel 30 - 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBANO of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
m d 101 1	19 3 4 19 23 19 3 4
6. DATE OF BIRTH (month, day, end yeer) Nav 79, 1862	I last saw helive on
7. AGE Years Months Oays If LESS than f dey,	to have occurred on the dete stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8-Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
Spont in this	
year) occupetion occupetion	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	
(Stete or country)	
14. BIRTHPLACE (city or town) Md	
4. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME SUSAN ASUCKALY 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
Willedon Oback	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Fals Tolorano Mil	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hester Law Date 1104 27,1904	Nature of injury.
19. UNDERTAKER WY AttChes	24. Was disease or injury in any wey releted to occupetion of decessed?
(Address) Kustintown Ma	If so, specify
20. FILEO april 30. 19 34 W.J. Duck	(Signed) The Symposium M. D.
Registrar.	(Address) Charles Coro
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
100	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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See instructions on back of certific	OCCUPATION	9. In
See instructions	12.	BIRTH (Si
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ry im	17.	INFOR
vel	18.	(A
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TION	19.	UNDER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH #3922
1. PLACE OF DEATH	940
County /C	Registration Dist. No. 202
Village or City Alam Ham	No
Length of residence in city or town where deeth occurred	If death occurred in a horpital or institution, give its NAME instead of street and number) s,ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Oaker Called	syi3
	CA Wast
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) 5a. If married, widowed, or divorced"	21. DATE OF DEATH (Day) (Par) (Par)
HUSBAND of mknown	22. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1860	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et Qltm.
1 dey,hrs.	were se follows:
9 Track profesion or postigular	Date of onset
SAWYER, BOOKKEEPER, etc.	A A
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	the fire actory
So. Hele, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end little year) spant in this year) occupation cocupation.	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) leellene — 1	7000
13. NAME Leelles -	
13. NAME Leclies 14. BIRTHPLACE (city or town) Lection (State or country)	Name of operation Dete of What test confirmed diegnosis?
15. MAIDEN NAME Leader	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Aby By Latters	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ale Mae Date Africa 18, 19-34	Nature of Injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED aprel 18, 19 3 4 W.J. Hicks Registrar.	(Signed) la Whala M.D. (Address) halle ille
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

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No.	
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STATE OF MARVIAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03923
County Kery	Peristration Dist. No. 101
Village or City Chestertown	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
The work of the second	rew.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH apr 23 193 4
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Fig. 17 Fig. 17 Fig. 18 Fig.	(Month) (Dey) (Yeer) 22. I HEREBY CERTIFY: That I attended deceased from
- Over O var september	Ma, of 24 1934 to MA > 3 , 1934
6. DATE OF BIRTH (month, dey, end year) Ou 9/0 / 856 7. AGE Years Months Days If LESS than	I lest sew have elive on 1994, deeth is seld
7. AGE Years Months Days If LESS then 1 dayhrs.	to heve occurred on the date stated above, at
Ormin.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Augun mess
9. Industry or business In which work was done, es SILK MILL, Professor	PIOT
Note the profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this occupetion (month end year) year) 11. Total time (years) spent In this occupetion	VECATED
12. BIRTHPLACE (city or town) 3ellerton	Other Cantributory Causes of Importance:
(State or country)	101000mg
13. NAME William / homas Col	w Shopubore
14. BIRTHPLACE (city or town) 2 ecclesion (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Wes there en autopsy? (10)
15. MAIDEN NAME and Jaylor 16. BIRTHPLACE (city or town) Visainia (State or country)	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT TWO Live Lever (Address) Bellerton his	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Still Count Date Off 16, 1934	Manner of Injury
19. UNDERTAKER BY COUNTY (Addiess) La County	24. Was disease or injury In any wey releted to occupation of deceesed?
20. FILED FILED (1934 STROBALL) Registrar.	(Signed) M.P. (Address) M.P.
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FCFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 9: 109A	July 5,1927	Peritonitis	3 days ago	
	BUREAL V S				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			Lee .	<u> </u>	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

v.

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PLACE OF DEATH County	STATE OF MARYLA CERTIFICATE OF DE
County	Registration Dist. No. 6
Village or City (No. ,)	St; Ward) (If deat a liceplia tion, give stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WHOWED OR DAVORCED (Write the word)	16 DATE OF DEATH Alouth) (Day) 17 I HEREBY CERTIFY, That I attended the
Month (Day) (Year)	that I last saw h and alive on the saw h
AGE If LESS than dayhrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury; and (2) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Instit
13 BIRTHPLACE OF MOTHER (State or country)	lents, or Recent Residents) At place in the of death yrsmosda. State,yrs Where was disease contracted,
(Informant) (Address)	if not at place of death? Former or usual residence
Filed Afric 8 - 1934 Warrill Bree Deply Registrar	20 UNIVERTAKER ADDRESS GALL
If more blanks are needed, address State Registrar.	16 W. Saratogy St., Balto., Requesting V. S. No. 1.

791

03934 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	(Day) ., 1954
17 I HEREBY CERTIFY, That I att	ended the deceased from
that I last saw h alive on	2300
The CAUSE OF DEATH & was as follows:	a anove, at
Shill am	
Contributory	yrs
(Signed)	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inf Accidental, Suicidal or Homicidal.	nry; and (2) whether
18 LENGTH OF RESIDENCE (For Hospilents, or Recent Residents)	itals, Institutions, Trans-
At place in the of death yrs mos da. State	yremosda.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	SATE OF BURIAL
20 UNDERTAKER	ADDRESS
1. Not Haland	wer- MI

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments. It is neces-Civil engineer, Stationary Arcmen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) head of "contributory." ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent phaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:." etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions." conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonarum, etc., Carcinoma, Sarconia, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valuatar heart discase; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1	MARGIN RESERVED FOR BINDING	FOR BINDING
N. BWRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANEN	IT UNFADING INK-THIS	IS A PERMANEN
mation should be carefu	mation should be carefully supplied. AGE should be stated EXACTL	stated EXACTL
CAUSE OF DEATH in	CAUSE OF DEATH in plain terms, so that it may be properly classified.	properly classified.
TION is very important	TION is very important See instructions on back of certificate.	certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH W 10	107
County Kent Co	Registration Dist. No.
Village or City Still Porce (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Clanic / Farper Man	ro
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7. 4. COLOR OR RACE W. 5. 5. 6	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HONNY Clavis	22. I HEREBY CERTIFY. That I attended decassad from affile 15th, 1934, to affile 21st, 1934
6. DATE OF BIRTH (month, day, and year) //0//3//85/	Hast law her alive on april 20 th 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atZal.5.m?
82 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Valuestoniast
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Heast Falura
10. Date deceased last worked at this occupation (month and year)	
12 DIDTUDI ACC (citues town)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Brown & meumonia
13. NAME Chas F. Harper	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country) Nelawase	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Q. Hardenste	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT Heavy Claves (Address) reach let three land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury - Two ne
milletitum Kley Date 4/2.3., 1934	Neture of Injury
19. UNDERTAKER Charles Hoold	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Phu 23, 1934 IT Colails Registrar.	(Signed) I Jellavel M. D. (Address) Steel Fond
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis I. RECEIVER	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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n n n k	IS. MAIDEN NAME Charlottel
LY, care	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)
oLAIN uld be F DEA	17. INFORMANT Clare Mills (Address) chief to fam.
ITE F on sho SE OJ	18. BURIAL, CREMATION, OR REMOVAL Place Challatora Cerella, De
o. 1 WR) matio CAU; TION	19. UNDERTAKER Chas C. IIIs (Address) Chasliston
V. S. No.	20 FILED 1934 205 V

1. PLACE OF DEATH County	t —	95-6	Registration D	ist. No. 28	2
Village or City Ches		No.	tution, give its NAME.	instead of street and	
Length of residence In city or toym where d	eath occurredyrsmo	sds. How long in U.S. if	of foreign birth?	yrs m	osds.
2. FULL NAME	rynson	er ward			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident g	ive city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. SEX . 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Afril (Nonth)	2 Y (Day)	., 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelm	ina Boyer	22. Harch 18	Y CERTIFY	That lattended	deceased from
6. DATE OF BIRTH (month, day, and year)	Jan. 17/1882	I last saw h alive on	Sprif 2	3 1934	: death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date ste	sted above, at 6 A	m,	.,
52 3	7 1 day,hrs. ormin.	were as follows:		s of Importence	Date of onset
Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caborer				6 month
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					
10. Date deceased lest worked et this occupation (month and year)	II. Total time (years) spant in this occupation				-
12. BIRTHPLACE (city or town)	and o	Other Cantributary Causes of im	-, -/	ton lena	
11	//tyreon	-			
13. NAME 14. BIRTHPLACE (city or town)	100	Name of operation		Data of	
(State of Country)	aryland	What test confirmed diagnosis?		Was there an	au'opsy?
15. MAIDEN NAME Charles 16. BIRTHPLACE (city or town)	(e) malter	23. If death wes due to external c			
16. BIRTHPLACE (city or town)	rular O	Accident, suicide, or homicide?		ate of injury	, 19
17. INFORMANT Clars mi	thews	Where did injury occur?	(Specify city or to	own, county and Sta ME, or in PUBLIC PL	ne) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charlestona Cenalis,	Dete. Qpr. Z-6, 1939	Manner of injury			
19. UNDERTAKER Chas Charles	Godd no	24. Was disease or injury in any	way related to occupat	lion of deceased?	
20. FILED (MALES) 1934 705	Like!	(Signed) Or The	y Wich	mond	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MAKGIN	
_	-

RECORD.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnous County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______ yrs._____mos.____ds. statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) (Year) 5a. If married, widowed, of divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (ash list# of 1934 to Ofrese [4] Desail 19 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than Months stated I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of orset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.____ OCCUPATION be industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etg. back plnods it may 11. Total time (years)
spent in this 46 yra uo 10. Date deceased last worked this occupation (month and so that instructions occupation ___ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) supplied. (State or country) Land in plain terms, FATHER aonas 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) AUSE OF DEATH (State or country Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT very 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury NOL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED. Registrar. (Address) _____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	TO F. D		Example II	
The principal cause of death and relatof importance were as follows:	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	A. I	July 5,1927	Peritonitis	3 days ago
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Are de			
Other contributory causes of importan	nce:		Other contributory causes of importance:	
Gallsiones	<i>X</i>	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WIT.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 03928
1. PLACE OF DEATH	
County / eugh	Registration Dist. No. 2-04
Village or City. Les rebouve Co	unohelacon st Ward
6 1 4 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	ds. How long in U.S. If of foreign birth?yrsmosds,
(a) Residence: Np.	0. 111.3
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY Wat I attended deceased from
6. DATE OF BIRTH (month, dey, and year) 100. 8 / 1866	flast saw have alive on Office 5 , 193 4; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, et M m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Chrone peptrules met 1931
work was done, as SILK MILL, SAW MILL, BANK, etc	Endocardelvo
11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) / Less Po	Other Contributory Causes of importance:
13. NAME Leve Joses	
14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autonsy?
15. MAIDEN NAME Resegany	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or coughry) 15. MAIDEN NAME (Stete or coughry)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT A SAME A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace GLANGE TOWN Date 14 april 1934	Manner of Injury
19. UNDERTAKER as bury to early (Address)	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED Jan 12, 19 34. The facility. Registrar.	(Signed) Secret M. D. (Address) Exercise pur

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. certificate.

See instructions on back of

TION is very important.

infor-

Every item of

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1). 1	5/19
Village or City Chestertown	Registration Dist. No.
Village of City 10 Metal Color (If	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Kenard	
(a) Residence: No.3 Lourson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 25 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	No. 17 No
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
C DATE OF BIRTH (mostly down and many April 20 1934	last sawh er aling on Sprif 20 19 3 %; death is said
6. DATE OF BIRTH (month, day, and year) September 1, 14 3 47 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 332 A.m.
Stell for mes 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Still born Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) le hestistowy	Other Contributory Causes of Importance:
(State or country)	
13. NAME Serge / Curard 14. BIRTHPLACE (city or town). R. F. D. 20.3	
(State or country) & Mulertown Ma	Name of operation
(State of country) Contraction of	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alary Provices Catton 16. BIRTHPLACE (city or town) R. F. D. (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) Chulerbron My	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT Singe Knord (Address) Chistertown Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place During Cu- / Cark Date Uparel 2/19 34	Nature of injury
19. UNDERTAKER Sept of Survey by (Addiess) Jan Survey Market	24. Was disease or Injury in any way related to occupation of deceased?
2D. FILED Chrill D. 19 34 W W Mickey Registrar.	(Signed) Dr. Mm. Unhmond M. D. (Address) & hutertown, Md.

(Address) _ 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as great—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1 1984 9 1984s	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RELIGITATION		July 5, 1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DITIONAL SPACE	CE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	1.2		

PERMANENT RECORD BINDING TH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE PLAINLY,

V S. No. 1

SI-	PLACE OF DEATH	STATE OF MARYLAND		
EX	County Kent	CERTIFICATE OF DEATH		
7. pg	7.4. 5	Registration Dist. No.		
CE chould be stated EXACTL nat it may be properly classifions on back of certificate.	Village or City Millington (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME is stead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Female White Single, MARRIED. Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)		
	6 DATE OF BIRTH (Morth) (Day) (Year)	17 1 HEREBY CERTIFY, That 1 attended the deceased from 1974, to 96 1974, 1934, that 1 last saw h at alive on 1975,		
ms so than nstruction	7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at		
efuily support to plain to tant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.		
d be caref DEATH in ry importa	9 BIRTHPLACE (State or country) Maryland 1 10 NAME OF	Contributory Secondary Duration yrs		
USE CF I	FATHER Mm. Comony 11 BIRTHPLACE OF FATHER Z (State or country) Md.	(Signed)		
CIANS should state CAI statement of OCCUPATION	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER MURY 13 BIRTHPLACE OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds.		
	(State or Country) (State or Country) (A) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. Dudley Movel	Where was disesse contracted, if not at place of dea h? Former or usual residence		
	(Address) millingten md.	Jenpleville Md Capil 17, 1934 To DN BERTAKER		
T) R	Lafat Registral	r, 18 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.		

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

'accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st. ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or occupa.

1. PLACE OF DEATH

Length of residence in city or town where death occurred.

County___

CORD PHYS let sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PH PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
L Y. d. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Opy) (Year)		
UNFADING INK—THIS IS A PERMANES supplied. AGE should be stated EXACT n terms, so that it may be properly classified ee instructions on back of certificate.	5a. If married, widowed, ordivorced HUSBANO of (or) WIFE of Proces 6. DATE OF BIRTH (month, dey, end year) Oet 4 - 187 C 7. AGE Years Months Ogys If LESS than 1 day, hrs. of	22. I HEREBY CERTIFY, That I ettended deceased from 1936 to 1936; death is seld 10 to heve occurred on the date steted above, at		
	8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spent in this	Parent 3 meaning, geor- 1933. eral parelysis of the insance of due to myphilis cury of		
	12. BIRTHPLACE (city or town) (State or country) 13. NAME Denny Chaudana	Other Contributory Causes of importence: Welevia Selesses . James		
Traily Salais	14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. MAIOEN NAME	Neme of operation Oate of Whet test confirmed diagnosis? Wes there an autopsy?		
AINLY, W dd be carefu DEATH in y important	16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?		
- 100	18. BURIAL, CREMATION, OR REMOVAL PIECE Description Oate pro 24, 19 34	Manner of injury		
I. B.—WRITE mation s CAUSE TION is	19. UNDERTAKER Actions Harmy Harmy 19. UNDERTAKER Actions of the Control of the C	24. Wes disease or Injury In any way related to occupation or deceased? If so, specify (Signed) M. D.		
	Registrar. If more blanks are needed, address State Registrar.	YAddress)		

STATE OF MARYLAND-CERTIFICATE OF DEATH

Ward

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.____ds. How long in U.S. If of foreign birth?_____yrs.____mos.__

(Address)	ما	U		The same of	_
,,	 			 	
		-	_	 _	 _

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter,

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were as	f dcath and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	GESEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	MAY 4 191A	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	1		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

-	infor-	l state	CUPA-	
1	tem of	should	Je OC	
). Every i	SICIANS	atement c	1
1	RECORI	Y. PHYS	Exact st	
היויקוויו זוס ז מהואותומיון וווחיונים	RMANENT	XACTL	classified.	
LOW	IS A PE	stated E	properly	certificate.
חח	THIS	d be	y be	k of
ATT CO	INK-	S shoul	t it ma	on pac
777	ING	AGI	tha	tions
TOTTO	UNFAD	supplied.	in terms, s	see instruc
`	WIT	efully	in plai	ant.
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	B.—WRIT	mation	CAUSE	TION i
	Z	1	T	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03932
1. PLACE OF DEATH	
County Scent	Registration Dist. No. 201
Village or City Luck	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sylvester Stephens	price.
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	
OR DIVORCED (write the word)	21. DATE OF DEATH april 14 193 4
5a If married widowed or diversed	(Manth) (Day, (Yeer)
5a. If married, widowed or divorced HUSBAND of Cory WIFE of Scaraham Price	22. I HEREBY CERTIFY, That I ettended deceased from (A) 1934 to Ass. 14 1934
6. DATE OF BIRTH (month, day, and year) Quar 2 1859	Hast sow h San alive on Charlet 1934; death is sold
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
75 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows
8 Trade profession or particular	Tules culosis Date of onset
SAWYER, BOOKKEEPER, etc. parm work	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month end	
10. Dato deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) cecil co. (State or country)	Other Contributory Causes of importance:
E 00000	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
T TO THE TOTAL CONTRACTOR OF T	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
0 1 1 0	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LAND SAN aleanna Linea (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Later
Place Galena Date Ops/71934	Manner of Injury
200	Nature of injury
19. UNDERTAKER SKET DE COULTS (Address) St. Of Court and	24. Wes disease or injury In any way related to occupation of deceased?
Ch. MO MON COL	If so, specify
20. FILED 70011, 1934 J. Malain	(Signed) I ff (Although M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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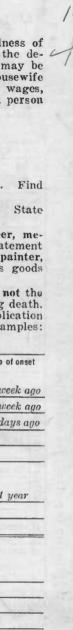
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TATA TATA TATA TATA	DI ALVIA	TOIL	T CACATERIA	DA A A A A A A A A A A A A A A A A A A	111	T TT Y 12 T (T (T) T)



nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
ر <u>سر</u> ہے،	1. PLACE OF DEATH	(3)
of info	County of List	Registration Dist. No. 202
should of OCC	Village or City Suster Dww	No. Januar St., Ward
07	Length of residence in city of town where death occurred	r death occurred in a hospitally institution, give its INAIVIE, instead of street and number)
Every CIANS tement		Sinson
	2. FULL NAME CLEMANNER (150)	
RD.	(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. EY.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) Windowsel	21. DATE OF DEATH /2 ,193 // (Month) (Day) (Year)
YEY T. J. fied	5e. If married, widowed, or divorced	(1001)
IAI A (assi	HUSBAND OF Colonson	HEREBY CERTIFY, That I attanded deceased from
SX SC.	6. DATE OF BIRTH (month, day, and year)	I last sew him alive on Chr. III 1934; death is said
Pl d I erly cat	7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at
IS A PE stated E properly certificate	about you unknown or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
70	_ 8. Trede, profession, or particular	Date of onset
HIS be be c of	SAWTER, DUDNIEPER, CIC.	Throwe Varuchymakos Kepkielis
ould may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	with Cardial Hy feets thy 1924
INK sho		
	this occupation (month end from 1934 spant in this occupation	0
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Laster Lown Ma (State or country)	Other Contributory Causes of importance:
VF.	13. NAME William Pubinson	
2 2 2 0	13. NAME Williams Pubinson 14. BIRTHPLACE (city or town) Sind—Co md	Name of operation Date of
•= 70	(State or country)	Whet test confirmed diagnosis? Was there an eu'opsy?
WIT efully in pla ant.	15. MAIDEN NAME SULFACE (city or town)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
INLY, W) be carefu EATH in important.		Accident, suicide, or homicide?, Date of Injury, 19
AINLY, d be car DEATH y imports	(State or country)	Where did injury-occur? (Specify city or town, county and State)
PLAI ould)F DE	17. INFORMANT LITTY (Tolombor .	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20	18. BURIAL, CREMATION, OR REMOVAL	
n s SE is	Place Tout Co. almskow Date aprel 14, 1934	Manner of Injury
-WRITI	not shelps	9 11 1 2 2
TESE	19. UNDERTAKER A STEEL OF THE CARDON AND A S	24. Wes disease or injury in any way related to occupation of depresent
m (T)	mouse abil 14 , 24 Wit Weeks	(Signed) Harry L Dodd M.D.
Z	20, FILED 11, 19.3 T	Carried The transfer of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of d of importance were as fo	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 104A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAY A	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Lecture and Veri	July 5,1927	Peritonitis	3 days ago
	NO CONTRACTOR			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

		MAKGIN KENEKVED FOR BINDING	FOR BINDING
N. B	-WRITE PLAINLY, WI	N. B.—WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT RECO	S IS A PERMANENT RECO
	mation should be careful	mation should be carefully supplied. AGE should be stated EXACTLY. PI	stated EXACTLY. PI
(CAUSE OF DEATH in p	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	properly classified. Exact
1	TION is vory important	TION is vory important Con instanctions on had, of contiffication	

TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1/2)
County	Registration Dist. No. 202
Village or City to hestertone	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
m	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Mussa Elystell Kon	7
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	April 24 ,193 44 (Month) (Day) (Year)
5a. If married, widowed, or divorced games wans has	(Month) (Day) (Year)
(or) WIFE of	1 HEREBY CERTIFY, That I ettended deceased from
01 0 /010	Tebry 22 ,1974, 10 April 24 ,1934
6. DATE OF BIRTH (month, day, and year) Jave 3, 1838. 7. AGE Years 9 Months 2 Days 3 If IFSS than	I last saw h. L. elive on And 24 , 1935; death is seid
7. AGE Years 96 Months O Days 2/ If LESS than I day,	to have occurred on the date stated above, at
196 1830 Africal F or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
< ☐ 9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	General Debelile
10. Date deceased last worked et this occupation (month and spant in this	died of old ogen en en
year) occupation	Other Coutributory Causes of Importance;
12. BIRTHPLACE (city or town) / /	Control Contro
(State or country)	Centeratory Facture
13. NAME Doloma Lowest Warren	
[14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Celly Manage Clements	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Willy Cops / tubbord	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chestestown, Ind.	
Place merces Mr. Date aprel 27 1934	Manner of injury
Cl. P 10.00	Nature of injury
19. UNDERTAKER (Address)	24. Wes disease or injury In eny way related to occupation of deceased?
al. car a hot hit la	(Signed) Char Whaland
20. FILED WOULK 18 , 190 F V V Registrar.	(Address) On Exteriorn M. D.
ACG. STATE	The state of the s

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N SUDEAU NE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-	state	UPA-	1
em of	pluods	f OCC	1
N. B.—WRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
JRD. E	IYSIC	state	
RECC	7. PF	Exact	
NENT	CTLY	ified.	
ERMA	EXA	class	e,
S A P	[ated]	roperly	TION is very important. See instructions on back of certificate.
IIS I	be st	be p	of ce
-TH	plnc	may	ack
INK	E sh	at it	on l
DING	AG	so the	ctions
NFAI	pplied.	erms,	instru
F	ins A	ain t	See
WIT	lefull.	igai	ant
NLY,	e cal	ATH	nport
LAI	a plu	DE	ry ir
FE P	sho	E OF	is ve
WRI	ation	AUS	ION
B.—	m	0	I
ż	.(T	-)

STATE OF MARYLAND— 1. PLACE OF DEATH		03333
County Kint County	Registration Dist. No.	401
	NoSt., If death occurred in a horpital or institution, give its NAME instead of street a	and number)
Length of residence in city of town where death occurred 4-4-yrs. 4-mo	s. 24 ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME Lucy Robertson Star	rely	
(a) Residence: No.	/St., Ward.	,
(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	П
Fimale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day)	, 193(Year)
a. If married, widowed, or divorced WISBAND of (or) WIFE of always N. Stands	22. HEREBY CERTIFY hat latter	nded deceased fro
DATE OF BIRTH (month, day, and year) Sup. 9 1861	I last saw h e alive on R > 7,19=	3 / death is sa
. AGE Years Months Days If LESS than	to have occurred on the data stated abova, atm,	
72 6 17 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Leuterin	nes
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at his occuration (month and		wit
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation X		Kun
12. BIRTHPLACE (city or town) Charles County (State or country)	Other Contributory Causes of importance:	
Tunan Marin T	11502	
14. BIRTHPLACE (city or town)	Name of operation Date of	V
7-7-8-1		an autopsy?
15. MAIDEN NAME Clis aboth Mitchell 16. BIRTHPLACE (city or town) Charles county (State or country)	23. If death was due to external causar (VIOL ENCE) fill in also the follo Accident, suicide, or homicide? Date of Injury	19 , 19
17. INFORMANT B- Wrolly Steerely	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
(Addrass) Lynah Md.		
Place I. U. Cometing Date apr. 25 19 3	Manner of Injury	
19. UNDERTAKER Maryin, 4: Williams	24. Was diseasa or injury in any way related to occupation of deceased	, no
20. FILED april 24, 19 3 4 Q. War Charle	(Signed) Say B	M.
Registrar.	(Address) . O. Me. Cer Way	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	Ń.			
	- X D			

3	L PLACE OF DEATH	<u> </u>
	County Leift	Registration Dist. No. 204
	Village or City Respetator	Notestulowon A > ma St.
	(II Length of residence In city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth? yrs. mos.
		sds. How long in U.S. If of foreign birth?yrsmos
-	2. FULL NAME sup-named of	Junese Strike.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.6	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Chil 7th, 193 4 (Month) (Pay) (Yes
5a.	If married, wldowed, or divorced HUSBAND of	
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
6. 1	DATE OF BIRTH (month, day, and year) Where 7 / 3 4	Hast sawh Marked born. 19 death
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 30. m.
	acad horse 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
z	8. Trada, profession, or particular	Data of
E .	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	although by history
UPA	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
OCCUPATION	10. Data deceased last worked at 11. Total time (years)	Hill Rome 3 months.
	this occupation (month and spant in this occupation	para proces simple
12.	BIRTHPLACE (city or town) Kent CO	Other Contributory Causes of importance:
	(State or country)	
HER	13. NAME Is not follower	
FATHER	14. BIRTHPLACE (city or town) / Keel. Ou	Name of operation Data of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?_
OTHER	15. MAIDEN NAME // Alley & Hornes	23. If death was due to external causes (VIOLENCE) fill in also the following:
WO	16. BIRTHPLACE (city or town) Meurical (Stata or gountry)	Accident, suicide, or homicide?
	7/2-	Where did Injury occur? (Specify city or town, county and State)
17.	(Address) Checker R	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMATION, OR REMOVAL	Mannar of injury
	Place Hergelown Date apr., 19 34	
19.	UNDERTAKER Agichung Steiner (Address) Charleston	24. Was disease or injury in any way related to occupation of deceased?
20.	FILEDERON. 1, 19 34. 5 11 Levels Registrar.	(Signed) handle buth (Address) Okelulacon.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03937
1. PLACE OF DEATH	(131)
County Keut	Registration Dist. No. 203
Village or City Skinners heck (IF	No. 10 Reck Hall St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Clara Wattron	1
(a) Residence: No. 1 Kinnen Nech (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Luarricel	21. DATE OF DEATH April (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Edward Fattson	22. ALEREBY CERTIFY, That I attended deceased from 1984, to Openl 1 1984
6. DATE OF BIRTH (month, day, and year) Nov. 19, 1884	i last saw h. en alive on Grail 1175 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 15 P. m.
49 4 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER A	Bright Gireare; chronic. Cugo, Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mremia Duration; unknown.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this spent in this	
year) Spart in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A ent	Hyperturnon
(State or county)	Partial Parelyon
14. BIRTHPLACE (city or town) 11. (State or country)	/
14. BIRTHPLACE (city or town) / Lesting	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Seffer. 16. BIRTHPLACE (city or town) August 1.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Allen (Address) Porh hall mid	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place W. Pesley Malle Date Upril 13 , 1934	Nature of injury.
19. UNDERTAKER A BUILD MILL MILL MILL	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 4/12 1934 Mrs. T. B. Durding Registrar	(Signed) albert G. Gurgard M.D. (Address) Rock Hall had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
A PARTY OF THE PAR				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	108
County Plant	Registration Dist. No. 203
Village or Cityfan Mach Hall	NoSt.,
Langth of residence in city or town where deeth occurredyrsm	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME ADMIS Wick DA	
(a) Residence: No. Man Mack Hall	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH April 174 193
5a. If married, widowed, or divorced	(Month) (Day) (Ya
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease
Thomas works	april 10 74, 19 94, 10 april 11 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Dave I If JESS than	I last saw h alive on afface 4 10 , 19 34; death
7. AGE Yaars Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 5.20.2.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada profession or particular	ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Lobar Phearmonia
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	- Heartestury
this occupation (month and spant In this spant In this year)	
21011-11	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME James Wicks	
14. BIRTHPLACE (city or town) 40	Name of operation Data of
(State of country)	What tast confirmed diagnosis?
# 15. MAIDEN NAME ELLE VOLUMENTS	23. If death was due to external causas (VIOL ENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) New 10	Accident, suicide, or homicida?
J. Country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT A LANCES Wickles (Address) Rock 14 200	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Julius
Place Sharpfour Date Date 14 ,1924	Mennar of injury
10 HINDEDTAKED WE THE PERSON	24. Was diseasa or injury in any way releted to occupation of deceased?
19. UNDERTAKER (Address) & Leave A Hold	If so, spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The Contract of the Contract o				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	Al	N
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